



## Appointment of Director

Company Name: **ALTRINCHAM HEALTHCARE ALLIANCE PRIMARY CARE NETWORK LTD**

Company Number: **14066966**



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XB85GL63

### New Appointment Details

Date of Appointment: **13/07/2022**

Name: **DR CHRISTINA JOANNE WILSON**

The company confirms that the person named has consented to act as a director.

Service Address: **PARK MEDICAL PRACTICE 405 STOCKPORT ROAD  
TIMPERLEY  
ALTRINCHAM  
ENGLAND  
WA15 7XR**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/05/1979**

Nationality: **BRITISH**

Occupation: **DOCTOR**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**